

**-DEVELOPMENT SERVICES DEPARTMENT  
BUILDING DIVISION**

**PHONE: 954.797.1111 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV**

**MOBILE HOME CHECKLIST**

**\*We require 3 sets of plans/surveys Packaged and stapled together and 2 copies of applications and all other forms being submitted for this permit**

**Required**

\_\_\_\_\_ Print out from the Broward County Property Appraisers Office (**WWW.BCPA.NET**)

\_\_\_\_\_ PROOF OF OWNERSHIP (Deed or current Tax Bill or Attach Lease Information)

\_\_\_\_\_ **Zoning**        Surveys must show all easements and encumbrances. Work being done must be high lighted and have setbacks labeled. Gate locations must be shown

\_\_\_\_\_ **Engineering** (Slab Provide drainage cross sections from top of slab to property lines include all dimensions, elevations and slopes show all views.)  
(Provide cross section of swale; must be a minimum of 3" in right away for drainage)  
Show utility easements on plans  
Provide proposed F.F.E for unit  
Provide B.F.E on plans  
Provide Lowest Machinery elevations (each AC unit)

\_\_\_\_\_ **Structural**    3 Plans (Sealed by Architect/Struct Engineer)  
Mobile Home Forms (see attached) State sewer or septic on application

\_\_\_\_\_ **Electrical**    application

\_\_\_\_\_ **Plumbing**    application

\_\_\_\_\_ **Mechanical** application

\_\_\_\_\_ Completed building permit application - Please note Plbg, Elect, Mech, are separate applications.

\_\_\_\_\_ NOTORIZED SIGNATURE ON APPLICATIONS

\_\_\_\_\_ Contractors - A copy of all applicable licenses (Competency & Occupational)    Insurance certificates for Workman's Comp and General Liability

\_\_\_\_\_ Mobile Home Installation: See Attached:

\_\_\_\_\_ Certificate of Elevation - From Surveyor  
Davie Impact Fee's - Paid at time of permitting  
Police Impact -     \$49.84  
Fire Impact -        \$40.32  
                             \$90.16  
Fire Rescue - This amt changes Monthly

\_\_\_\_\_ PLAN CHECK FEE in the amount of \$ 30.00 due at time of submitting applications.

\_\_\_\_\_ Contractors Signature

\_\_\_\_\_ Owner signature required if applying for an owner builder permit

# Mobile Home Installers Affidavit

Florida Administration Code 15C-2.0073 No Person may perform a manufactured home installation unless licensed by the department pursuant to Florida statute section 320.8249, regardless of whether that person holds a local installer's license or any other local or state license.

I, \_\_\_\_\_ License No \_\_\_\_\_  
Please type or print

do hereby state that the installation of the manufactured home at:

\_\_\_\_\_  
Address of job site

Will be done under my supervision. \_\_\_\_\_  
Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2000

Notary Public: \_\_\_\_\_, My Commission Expires: \_\_\_\_\_  
Signature Date

Personally Known: \_\_\_\_\_

Produce Valid Identification: \_\_\_\_\_

\_\_\_\_\_  
Stamp or seal

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**Manufactured Home Installation**

Applicant \_\_\_\_\_ Permit Number \_\_\_\_\_

Address \_\_\_\_\_ Name of Licensed dealer/Installer \_\_\_\_\_

License Number \_\_\_\_\_ Installation Decal# \_\_\_\_\_

Manufacturer's name \_\_\_\_\_ Serial # \_\_\_\_\_

Roof Zone \_\_\_\_\_ Wind Zone \_\_\_\_\_

Number of Sections \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Year \_\_\_\_\_

Installation Standard Used: (Check One) Manufactures Manual \_\_\_\_\_ 15C-1 \_\_\_\_\_

**Site Preparation:**

Debris and Organic Material Removal \_\_\_\_\_ Compacted Fill \_\_\_\_\_

Water Drainage: Natural \_\_\_\_\_ Swale \_\_\_\_\_ Pad \_\_\_\_\_ Other \_\_\_\_\_

**Foundation:**

Load Bearing Soil Capacity \_\_\_\_\_ or Assumed 1000 PSF \_\_\_\_\_

Footing Type: Poured In Place \_\_\_\_\_ Portable \_\_\_\_\_ Size and Thickness \_\_\_\_\_

I-Beam or Main rail Piers: Single Tiered \_\_\_\_\_ Double Interlocked \_\_\_\_\_

Size of Piers \_\_\_\_\_ Placement O/C \_\_\_\_\_

Perimeter Pier Blocking: Size \_\_\_\_\_ Placement O/C \_\_\_\_\_

Ridge Beam Support Blocking: Size \_\_\_\_\_ Number \_\_\_\_\_ Location(s) \_\_\_\_\_

Ridge Beam Support Footer: Size \_\_\_\_\_ Number \_\_\_\_\_ Location(s) \_\_\_\_\_

Centerline Blocking: Number \_\_\_\_\_ Size \_\_\_\_\_ Location(s) \_\_\_\_\_

Special Pier Blocking Required: (Fireplace, Bay Window, Etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

Mating of Multiple Units: Mating Gasket \_\_\_\_\_ Type Used \_\_\_\_\_

**Fasteners:**

Roofs Type and Size \_\_\_\_\_ Spacing \_\_\_\_\_ O/C \_\_\_\_\_

End walls Type and Size \_\_\_\_\_ Spacing \_\_\_\_\_ O/C \_\_\_\_\_

Floors Type and Size \_\_\_\_\_ Spacing \_\_\_\_\_ O/C \_\_\_\_\_

**Anchors:**

Type 3150 Working Load \_\_\_\_\_ 4000 Working Load \_\_\_\_\_

Height of Unit: (Top of Foundation or Footer to Bottom of Frame) \_\_\_\_\_

Number of Frame Ties: \_\_\_\_\_ Spacing \_\_\_\_\_ O/C Angle of Strap \_\_\_\_\_ Degrees

Number of Over Roof Ties: (Required) \_\_\_\_\_

Number of Sidewall Anchors \_\_\_\_\_ Zone II \_\_\_\_\_ Zone III \_\_\_\_\_

Number of Centerline Anchors \_\_\_\_\_ Number of Stabilizer Devices \_\_\_\_\_

Vents Required for Underpinning (1SF/150 SF of Floor Area) Number \_\_\_\_\_

# Torque Test Affidavit

I, \_\_\_\_\_, Have personally performed the Torque Test at the following property location:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Property Owner

I have made the following determination as follows:

Torque Value: \_\_\_\_\_Inch pounds \_\_\_\_\_FT. Anchors

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License number

\_\_\_\_\_  
Date

# Penetrometer Test Affidavit

I, \_\_\_\_\_, have personally performed the penetrometer test at the following property location:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Property Owner

I have made the following determination:

Soil load bearing capacity: \_\_\_\_\_, Or assumed 1000 PSF\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License number

\_\_\_\_\_  
Date